



CHANGE REQUEST FORM

USED FOR NAME CHANGE, NEW OWNER, NEW ADDRESS AND CLOSED BUSINESSES

Business License #: _____

☐ **NAME CHANGE**

Business Owner/Applicant: _____

New name of business: _____

Former name: _____

Address: _____

Contact Number _____ Email Address _____

☐ **CHANGE OF ADDRESS (Requires new application, approval from Zoning, Building and Fire Marshall Offices)**

(If business has moved out of the City of Stonecrest please apply with new jurisdiction)

Business Owner/Applicant: _____

Former Address: _____

New Address: _____

Contact Number _____ Email Address _____

☐ **CHANGE OF OWNERSHIP Please note if ownership has changed a new application MUST be submitted)**

Business Name: _____ Federal Tax ID/SSN _____

New Business Owner/Applicant: _____

Previous Owner: _____

Address: _____

Contact Number _____ Email Address _____

☒ **BUSINESS CLOSED**

Business Owner/Applicant: _____

Name of business: _____

Address: _____

Date of closing: _____

By signing below, I hereby certify, under penalty of perjury, the statements made herein are to the best of my knowledge true and correct.

Print Name of Applicant: _____ **Date:** _____

Signature of Applicant: _____